

REDACTED



- 3/10 Methypred Acetate 80mg -1ml \$6.66  
Methypred Acetate 80mg 5ml \$28.85 (pain)
- 4/13/10 Changed acct name for Pm to JWC from GBL -  
Will give us Med asset pricing - GBL-needed to be renewed in Med Asset -  
Spoke to Sandra -
- 5/25/10 min order fee
- 6/10 methypred acetate 80 - using Depo Medrol - \$7.02  
? when will we off 80 -
- 6/26/10 Spoke to Sandra several times for pricing for Pain Management.  
Acct is under Med Asset - correct price for Depo Medrol 80mg/5ml is \$30.66  
Will credit for 7/21 order & 9/18 order -
- 11/11 Marcaine .75% 10ml - 10/Box \$25.20  
Xylocaine 2% 5ml 10/Box \$53.94
- 12-10 Spoke to Sandra - she is checking to acct dept & is to get back to me -  
Not sure of delay in processing - / returned call contract dept needs Vendor  
approval - Sandra feels we will get contract pricing on this but they  
must have Vendor Approval. Will get back to me tomorrow or next  
day.  
12-6-10 Left message

**Clint.**

Pharmaceuticals, Inc.

629 Shute Lane, Old Hickory, TN 37138  
615-882-0042 800-677-5022 Fax: 615-882-0914**Invoice**

INVOICE NUMBER

189242

DATE

06/22/2010

PURCHASE ORDER NUMBER

CUST NO

4540

SALES

TERMS

NET 20 DAYS DATE OF INV

**BILL TO:**ST.THOMAS OUTPATIENT NEUROSURG  
2011 MURPHY AVENUE, SUITE 301

NASHVILLE TN 37203

**SHIP TO:**ST.THOMAS OUTPATIENT NEUROSURG  
4230 HARDING RD. SUITE 901

NASHVILLE TN 37205

Product No.	Product Description	Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt	
7983-09	SODIUM CHL. 9% 1000ML	12	89-518-FW	1	0	1	26.00	26.00
1	SHIPPING	1	1	0	1	---	9.00	

**Balloon Kyphoplasty**

80mg / 1cc

ORDER BY SANDY WITH SHA

Generic - 10 mals/Box \$9.49/mal

Depo Medrol 25 mals/Box \$11.95/mal

THANK YOU FOR YOUR ORDER  
SHIPMENT DISCREPANCIES &  
RECEIPT. RETURNS SUBJECTGeneric - \$6.49  
10 mals/BoxOrdered - 30 Boxes - 5ml  
Celestone - \$35.95/mal  
6mg/ml -**We appreciate your business.**

Tax Payer ID# 62-1322467

CAUTION: FEDERAL LAW PROHIBITS  
DISPENSING WITHOUT A PRESCRIPTIONDelinquent accounts past due 20 days subject to a 1.5% interest  
charge per month on balance. Accounts turned over for collection  
are responsible for legal fees.**KYPHON**  
AHEAD OF STOPNC\_0222

3

REDACTED



5ml Depo - 80mg - \$30.56  
~~30.56~~

2-9-10 Not getting Med Asset \$ on PM acct because #address (Suite #) is different.  
 Change PM suite # to 901. Sandra will process request & send us  
 credit on invoices that were charged. To get med Asset pricing on  
 Suite 810 - have to submit request to med Asset for approval -  
 Sandra to send us credit once paper work completed Sandra.nunez@curascript.co

2-14-11 Depo Med - 80mg 1ml - 25 Box \$6.88 (vial) 171.92 (25 Box)  
 Spoke with Ruth - new rep - phone 888-875-8662 (Central Fla)  
 v.m. past order for PM (only) for refund - not sure when contract began.  
 \* Celestone in long term B/O \* Portatrol - no longer available in US  
 (PM) \* Bupivacaine always order - Box 25 - not individual - cheaper  
 (PM) \* Depo Medrol order individual - cheaper - 5ml/80mg \$30.02 (\$30.56 Box)  
 Both not sure why pricing this way

Jan 11 175.60 - 7.02 - Bottle Depo Medrol  
 8/30/11 (PM) - Depo-80mg 5ml MDV - 25 - \$22.43 - Bottle - (\$560.65)  
 Bupivacaine .5% 50ml MDV - 25 BX - 2.22 each (\$55.39)

per Curascript (Mary Acvedo) 877-703-8266  
 Q/27 Outstanding Balance of \$115.20 - pd 7/20 - cleared Bank 7/25 -  
 Curascript has no record of payment &mons received - Marlese says address  
 correct - they check probably went to incorrect lock box at their facility  
 Curascript - says their responsibility to find where it went Marlese says no  
 they

**From:** John Notarianni [jnotarianni@medicalsalesmgmt.com]  
**Sent:** Tuesday, May 17, 2011 10:51 AM  
**To:** Debra Schamberg  
**Subject:** NECC Pricing?

**Attachments:** Howell Allen ASC Nashville TN.docx  
Debra

After our conversations I went back to my manager and he said he really would like to offer you better to earn your business. What price would we need to give you to gain your business on the Methylprednisolone(PF) 80mg/ml 1ml and 2ml vials. Can you please let me know what price would allow us to work together? Thank you for your patience.

**John L. Notarianni**  
Regional Sales Manager  
Medical Sales Management  
Representing: NECC  
**Cell Phone:** (508)454-0779  
**Fax:** (508) 820-9401  
[jnotarianni@medicalsalesmgmt.com](mailto:jnotarianni@medicalsalesmgmt.com)  
[www.Neccrx.com](http://www.Neccrx.com)

*NECC - A vital resource for sterile and non-sterile compounding medications.*

**From:** John Notarianni [jnotarianni@medicalsalesmgmt.com]  
**Sent:** Friday, May 20, 2011 11:57 AM  
**To:** Debra Schamberg  
**Subject:** RE: NECC Pricing?  
Debra

How about \$12.00 for the 2 ml of the 80mg/ml methylprednisolone (PF)?

Thank you

John

---

**From:** Debra Schamberg [mailto:dschamberg@howellallen.com]  
**Sent:** Tuesday, May 17, 2011 5:52 PM  
**To:** John Notarianni  
**Subject:** RE: NECC Pricing?

John, if you can get your price under \$6.50 for 1ml vial, then we can talk.

Debra

---

**From:** John Notarianni [mailto:jnotarianni@medicalsalesmgmt.com]  
**Sent:** Tuesday, May 17, 2011 10:51 AM  
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**Subject:** NECC Pricing?

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[www.Neccrx.com](http://www.Neccrx.com)


*NECC - A vital resource for sterile and non-sterile compounding medications.*

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STOPNC\_0146

4/26/2013



	<p>John L. Notarianni 697 Waverly Street, Framingham, MA 01702 Tel: 508.454.0779 Fax: 508.820.1616 <a href="mailto:inotarianni@medicalsalesmgmt.com">inotarianni@medicalsalesmgmt.com</a> <a href="http://www.neccrx.com">www.neccrx.com</a></p>
---	--

<p>To: Howell/Allen ASC 4230 Harding Road Suite 901 Nashville, TN 37205 Attn: Debra Schamburg</p>	<p>Telephone: 615-341-3433 Fax: Email: <a href="mailto:dschamberg@howellallen.com">dschamberg@howellallen.com</a></p>
---	---

From:	<p>John L. Notarianni Regional Sales Manager Medical Sales Management Representing: NECC</p>
Subject:	Necc
Date:	5-4-2011

Dear Debra

Thank you for your interest in NECC. Per your request, please find below the pricing information for the items we discussed.

Medication	Strength	Size	Quantity	Exp. Date	Storage	Pricing
Methylprednisolone (PF)	80mg/ml	1ml	500 per month	6months	Room Temp <input checked="" type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/>	\$8.00ea <i>6.50</i>
Methylprednisolone (PF)	80mg/ml	2ml	200 per month	6months	Room Temp <input checked="" type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen -20 <input type="checkbox"/>	\$13.00ea <i>\$12.00</i>
Omnipaque 300		5 ml	500 per month	6months	Room Temp <input checked="" type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen -20 <input type="checkbox"/>	\$14.00ea
Omnipaque 300		3 ml	500 per month	6months	Room Temp <input checked="" type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen -20 <input type="checkbox"/>	\$11.00ea

Beyond use date from date of compounding. Quotation is good for 30 days.

If you have any questions, please call me directly @ 508-454-0779.

Best Regards,

John L. Notarianni  
Regional Sales Manager  
Medical Sales Management  
Representing: NECC  
Cell Phone: (508) 454-0779  
Fax: (508) 820-9401  
[inotarianni@medicalsalesmgmt.com](mailto:inotarianni@medicalsalesmgmt.com)  
[www.Neccrx.com](http://www.Neccrx.com)

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STOPNC\_0097



Fax:

Jun 9 2011 04:26pm P001/001

**Clint.****Pharmaceuticals, Inc.**629 Shute Lane, Old Hickory, TN 37138  
615-882-0042 800-677-5022 Fax: 615-882-0916**Invoice**INVOICE NUMBER  
207958DATE  
06/09/2011

PURCHASE ORDER NUMBER

CUST NO  
4540SALES  
CLINTTERMS  
NET 20 DAYS DATE OF INV**BILL TO:**ST. THOMAS OUTPATIENT NEUROSURG  
2011 MURPHY AVENUE, SUITE 301

NASHVILLE TN 37203

**SHIP TO:**ST. THOMAS OUTPATIENT NEUROSURG  
4230 HARDING RD. SUITE 901

NASHVILLE TN 37205

Product No.	Product Description	Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
3132-71	M'PRED 80MG/1ML 960/8.48 1ML	BG7398	400	0	400	8.95	3580.00
0720-01	BETA ACET-SOD PHOS 400/30.85 5ML	101800	12	0	12	33.95	407.40
1	SHIPPING	1	1	0	1	12.00	12.00
NURSELIFE	NURSE'S LIFE REFERENCE	1	2	0	2	0.00	0.00

ORDERED BY SANDY WITH RACHEL

YOUR BACK ORDER WILL SHIP FRIDAY

THANK YOU FOR YOUR ORDER - MUST REPORT ALL  
SHIPMENT DISCREPANCIES WITHIN 72 HOURS OF  
RECEIPT. RETURNS SUBJECT TO 25% RESTOCK FEE.

6/10/11  
E-mailed - Clint Elbel  
about \$2.49 increase / ml.

6/21  
Spoke to Clint Elbel -  
will give \$6.49 price on  
this invoice -  
future invoices will be  
\$5.95

**We appreciate y**

Tax Payer ID# 62-1322467

CAUTION: FEDERAL LAW PROHIBITS

DISPENSING WITHOUT A PRESCRIPTION

Delinquent accounts past due 20 days subject to a 1.5% interest  
charge per month on balance. Accounts turned over for collection  
are responsible for legal fees.

Tennessee Sales Tax

**Amount  
Due**

3999.40

STOPNC\_0164

9

**Clint.**

Pharmaceuticals, Inc.

629 Shute Lane, Old Hickory, TN 37138  
615-882-0042 800-677-5022 Fax: 615-882-0916**Invoice**

INVOICE NUMBER

207958

DATE

06/09/2011

PURCHASE ORDER NUMBER

CUST NO

4540

SALES

CLINT

TERMS

NET 20 DAYS DATE OF INV

**BILL TO:**ST.THOMAS OUTPATIENT NEUROSURG  
2011 MURPHY AVENUE, SUITE 301

NASHVILLE TN 37203

**SHIP TO:**ST.THOMAS OUTPATIENT NEUROSURG  
4230 HARDING RD. SUITE 901

NASHVILLE TN 37205

Product No.	Product Description	Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
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0720-01	BETA ACET-SOD PHOS 400/30.95 5ML	101800 -	12	0	12	33.95	407.40
1	SHIPPING	1	1	0	1	12.00	12.00
NURSELIFE	NURSE'S LIFE REFERENCE	1	2	0	2	0.00	0.00

ORDERED BY SANDY WITH RACHEL

YOUR BACK ORDER WILL SHIP FRIDAY

THANK YOU FOR YOUR ORDER - MUST REPORT ALL  
SHIPMENT DISCREPANCIES WITHIN 72 HOURS OF  
RECEIPT. RETURNS SUBJECT TO 25% RESTOCK FEE.6/21/11  
ds-Price increase \$2.41 med  
due to shortage -!

We appreciate your business.

Tennessee Sales Tax

Tax Payer ID# 62-1322467

CAUTION: FEDERAL LAW PROHIBITS  
DISPENSING WITHOUT A PRESCRIPTIONDelinquent accounts past due 20 days subject to a 1.5% interest  
charge per month on balance. Accounts turned over for collection  
are responsible for legal fees.**Amount  
Due**

3999.40

STOPNC\_0165

10



**From:** Debra Schamberg  
**Sent:** Friday, June 10, 2011 1:34 PM  
**To:** 'John Notarianni'  
**Subject:** RE: NECC Pricing?

Happy Friday John,

If pricing is still \$6.50 for 1ml and \$12 for 2ml for Methylprednisolone 80mg/ml, I am willing to do business with you. Let me know what is needed.

Have a good weekend.

Debra

---

**From:** John Notarianni [mailto:jnotarianni@medicalsalesmgmt.com]  
**Sent:** Friday, May 20, 2011 11:57 AM  
**To:** Debra Schamberg  
**Subject:** RE: NECC Pricing?

Debra

How about \$12.00 for the 2 ml of the 80mg/ml methylprednisolone (PF)?

Thank you

John

**From:** Debra Schamberg [mailto:dschamberg@howellallen.com]  
**Sent:** Tuesday, May 17, 2011 5:52 PM  
**To:** John Notarianni  
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Debra

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**Sent:** Tuesday, May 17, 2011 10:51 AM  
**To:** Debra Schamberg  
**Subject:** NECC Pricing?

Debra

After our conversations I went back to my manager and he said he really would like to offer you better to earn your business. What price would we need to give you to gain your business on the

STOPNC\_0511





Methylprednisolone(PF) 80mg/ml 1ml and 2ml vials. Can you please let me know what price would allow us to work together? Thank you for your patience.

John L. Notarianni  
Regional Sales Manager  
Medical Sales Management  
Representing: NECC  
Cell Phone: (508)454-0779  
Fax: (508) 820-9401  
[jnotarianni@medicalsalesmgmt.com](mailto:jnotarianni@medicalsalesmgmt.com)  
[www.Neccrx.com](http://www.Neccrx.com)

*NECC - A vital resource for sterile and non-sterile compounding medications.*

**Debra Schamberg**

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**To:** Debra Schamberg  
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Thank you

John

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[www.Neccrx.com](http://www.Neccrx.com)

NECC - A vital resource for sterile and non-sterile compounding medications.

*Call on  
Monday -  
order -  
Emailed  
6-10-11*

**Debra Schamberg**

**From:** John Notarianni [jnotarianni@medicalsalesmgmt.com]  
**Sent:** Friday, May 20, 2011 11:57 AM  
**To:** Debra Schamberg  
**Subject:** RE: NECC Pricing?  
 Debra

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Thank you

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[jnotarianni@medicalsalesmgmt.com](mailto:jnotarianni@medicalsalesmgmt.com)  
[www.Neccrx.com](http://www.Neccrx.com)

NECC - A vital resource for sterile and non-sterile compounding medications.

*Call on Monday -*

*Curascript \$6.66*

*Clay \$6.49 1ml*

*1st order 48-72hrs -*

*500-1ml - } \$6.50  
 200-2ml. } 12.00*

*John Notarianni*

*+ Shipping } 24/48hrs*

*500-1ml - } value above  
 200 2ml - } time*

*Need 140 names  
 from route -  
 Bandy Pharmacy requires  
 State of Mass -  
 Can submit (last name, Initial)*

*[Redacted signature]*

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STOPNC\_0094

6/3/2011



## St. Thomas Outpatient Neurosurgery Center

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---

### FACSIMILE TRANSMITTAL SHEET

---

---

TO: John Notarianni

FROM: DEBRA SCHAMBERG

FAX: 615-341-3427

DIRECT: 615-341-3433

COMPANY: NECC

DATE: 6/10/11 + 6/14

FAX NUMBER: 888-820-0583

508-820-1616

TOTAL NO. OF PAGES INCLUDING  
COVER: 3

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

#### Confidentiality Notice

This facsimile contains Confidential Information that is legally privileged and protected. This information is intended only for the use of the individual or entity named as the Recipient above. If you are not the intended recipient of this information or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or action in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please immediately notify St. Thomas Outpatient Neurosurgical Center at the contact number above and arrange for the return or destruction of these documents.



# Prescription Order Form

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
**FAX 888.820.0583 or 508.820.1616**

DATE: 6-10-11

NAME OF St. Thomas Outpatient + Neurosurgical Center  
FACILITY: \_\_\_\_\_

PHONE NUMBER: 615-241-3425

ADDRESS: 1230 Harding Rd Suite 901 Nashville, TN CONTACT NAME: Debra Schenberg P.O. #: 50-061011

**We must have Facility name & address to process your prescription order -- Thank you.**

[illegible]

Physician's Name/Signature: W. Culclasure, MD

**For NECC Use Only**

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

V102309

STOPNC\_0082



## Account Information/ Credit Application

### Shipping Address:

Facility Name: St. Thomas Out Patient Neurosurgical Center  
 Street: 4230 Harding Road Suite 901  
 City: Nashville State: TN Zip: 37205  
 Phone: 615-327-9543 ext 3425 Fax: 615-341-3427 Email: dschamberg@howellallen.com  
 Shipping Contact Name: Debra Schamberg, RN

### Billing Address:

Facility Name: St. Thomas Out Patient NeuroSurgical Center  
 Street: 4230 Harding Road Suite 901  
 City: Nashville State: TN Zip: 37205  
 Phone: 615-327-9543 / 615-341-3425 Fax: 615-341-3427 Email: dschamberg@howellallen.com  
 Accounts Payable Contact Name: Marlese Allen

ARE PURCHASE ORDERS REQUIRED? Yes ☐ No ☐ PO# \_\_\_\_\_

DO YOU PAY BY CREDIT CARD? Yes ☐ No ☒

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

### Bank Reference:

Bank Name: 1st Tennessee Contact Name: Paula Dainger Phone: 615-734-6289  
 Bank Account #: [REDACTED] Type: Checking  
 Bank Address, City, State, Zip: 511 Union St, Nashville, TN 37219

### Trade Reference:

Company Name	Contact Address	City	State	Zip	Phone
1. P55	405 Royal Dr NW	Kennesaw	GA	30144	678-813-4000

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof and that the party authorizes trade and bank references to release any information necessary to assist in establishing a line of credit.

Name: Debra Schamberg Title: Facility Director  
 Signature: Debra Schamberg Date: 6/10/11

V102005



697 Waverly Street, Framingham, MA 01702  
 Tel: 800-994-6322 or 508-820-0606  
 Fax: 888-820-0583 or 508-820-1616  
 www.neccrx.com

STOPNC\_0096



**From:** Debra Schamberg [dschamberg@howellallen.com]  
**Sent:** Wednesday, June 15, 2011 8:43 AM  
**To:** Clinton Ebel  
**Subject:** Drug order 6-9-11  
Good Morning Clint,

Have a question about our most recent drug order from your company. We ordered methylprednisolone 80mg/ml, 400 vials and were told pricing had increased to \$8.98/vial. This is a \$2.49 increase per vial. When asked about the reason for this sudden jump, we were told it was due to supply and demand. Is this to be expected anytime we place an order with your company—pricing depends on supply and demand?

Thank you for checking into this.

Debra Schamberg, RN, CNOR  
Facility Director  
St Thomas Outpatient Neurosurgical Center  
4230 Harding Road Suite 901  
Nashville, TN 37205  
phone# 615-341-3433  
fax#: 615-341-3427  
dschamberg@howellallen.com

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STOPNC\_0309

4/26/2013



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

# Invoice

Date	Invoice #
6/16/2011	181132

<b>Bill To</b>
ST. THOMAS OUTPATIENT NEUROSURGIACL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: MARLESE ALLEN

<b>Ship To</b>
ST. THOMAS OUTPATIENT NEUROSURGIACL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: DEBRA SCHAMBURG

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
SC061011	Net 30	JN	6/16/2011	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
500	METHYL 80/1 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 1 ML			6.50	3,250.00
200	METHYL 80/2 PF	METHYLPREDNISOLONE ACETATE (PF) 80MG/ML INJ., 2 ML			12.00	2,400.00
1	Shipping Charges				20.00	20.00
<div>6/21/11 ds</div>						
!!!THANK YOU FOR YOUR ORDER!!!					Total	\$5,670.00
***PLEASE PLACE INVOICE NUMBER ON PAYMENT***					Credits	\$0.00
					Balance Due	\$5,670.00

STOPNC\_0017

19

**From:** Debra Schamberg [dschamberg@howellallen.com]  
**Sent:** Monday, June 20, 2011 1:04 PM  
**To:** Clinton Ebel  
**Subject:** RE: Drug order 6-9-11  
Clint,  
Thanks for getting back with me.

You can control inventory and stockpiling by limiting the amount of product you sell to your customers at one time. Especially when your product cost did not change.

Debra

---

**From:** Clinton Ebel [mailto:clint@clintpharmaceuticals.com]  
**Sent:** Monday, June 20, 2011 12:30 PM  
**To:** Debra Schamberg  
**Subject:** Re: Drug order 6-9-11

Debra,

Sorry I am just now getting back to you. I was out of the office last week.

I apologize about the price increase on the Methylprednisolone. We are currently experiencing a shortage as you probably know. The reason for the price increase is to somewhat control our inventory. In a way we are trying to discourage other customers from stockpiling product.

I assure you that I can hold to the price we agreed upon before once the shortage is over. As of right now, I am not allowed to give any special pricing for the Mpred for any customers.

I hope this helps. Please let me know if you have any other questions or concerns as I value your business very much.

Best Regards,

Clinton Ebel  
Clint Pharmaceuticals  
Medical Sales Specialist  
e: [clint@clintpharmaceuticals.com](mailto:clint@clintpharmaceuticals.com)  
p: 615.507.9232

On Jun 15, 2011, at 8:42 AM, Debra Schamberg wrote:

Good Morning Clint,

Have a question about our most recent drug order from your company. We ordered methylprednisolone 80mg/ml, 400 vials and were told pricing had increased to \$8.98/vial. This is a \$2.49 increase per vial. When asked about the reason for this sudden jump, we were told it was due to supply and demand. Is this to be expected anytime we place an order with your company---pricing depends on supply and demand?



Thank you for checking into this.

Debra Schamberg, RN, CNOR  
Facility Director  
St Thomas Outpatient Neurosurgical Center  
4230 Harding Road Suite 901  
Nashville, TN 37205  
phone# 615-341-3433  
fax#: 615-341-3427  
[dschamberg@howellallen.com](mailto:dschamberg@howellallen.com)

**From:** Clinton Ebel [clint@clintpharmaceuticals.com]  
**Sent:** Monday, June 20, 2011 1:27 PM  
**To:** Debra Schamberg  
**Subject:** Re: Drug order 6-9-11  
Debra,

I definitely understand and see your point. I am going to talk to my boss and let him know your concerns. Like I said before, myself and the company as a whole values your business. If there is anything I can do I will let you know.

Thanks again.

Best Regards,

Clinton Ebel  
Clint Pharmaceuticals  
Medical Sales Specialist  
e: [clint@clintpharmaceuticals.com](mailto:clint@clintpharmaceuticals.com)  
p: 615.507.9232

On Jun 20, 2011, at 1:03 PM, Debra Schamberg wrote:

Clint,  
Thanks for getting back with me.

You can control inventory and stockpiling by limiting the amount of product you sell to your customers at one time. Especially when your product cost did not change.

Debra

---

**From:** Clinton Ebel [mailto:clint@clintpharmaceuticals.com]  
**Sent:** Monday, June 20, 2011 12:30 PM  
**To:** Debra Schamberg  
**Subject:** Re: Drug order 6-9-11

Debra,

Sorry I am just now getting back to you. I was out of the office last week.

I apologize about the price increase on the Methylprednisolone. We are currently experiencing a shortage as you probably know. The reason for the price increase is to somewhat control our inventory. In a way we are trying to discourage other customers from stockpiling product.

I assure you that I can hold to the price we agreed upon before once the shortage is over. As of right now, I am not allowed to give any special pricing for the Mpred for any customers.

I hope this helps. Please let me know if you have any other questions or concerns as I value your business very much.

Best Regards,

Clinton Ebel  
Clint Pharmaceuticals  
Medical Sales Specialist  
e: [clint@clintpharmaceuticals.com](mailto:clint@clintpharmaceuticals.com)  
p: 615.507.9232

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Thank you for checking into this.

Debra Schamberg, RN, CNOR  
Facility Director  
St Thomas Outpatient Neurosurgical Center  
4230 Harding Road Suite 901  
Nashville, TN 37205  
phone# 615-341-3433  
fax#: 615-341-3427  
[dschamberg@howellallen.com](mailto:dschamberg@howellallen.com)



REDACTED



Pharmaceuticals, Inc.

629 Shute Lane, Old Hickory, TN 37138  
615-882-0042 800-677-5022 Fax: 615-882-0916**Invoice**INVOICE NUMBER  
207958DATE  
06/09/2011

PURCHASE ORDER NUMBER

CUST NO  
4540SALES  
CLINTTERMS  
NET 20 DAYS DATE OF INV

## BILL TO:

ST. THOMAS OUTPATIENT NEUROSURG  
2011 MURPHY AVENUE, SUITE 301

NASHVILLE TN 37203

## SHIP TO:

ST. THOMAS OUTPATIENT NEUROSURG  
4230 HARDING RD. SUITE 901

NASHVILLE TN 37205

Product No.	Product Description	Lot Number	Ordered	Back Ord	Shipped	Unit Price	Ext. Amt
NURSELIFE	NURSE'S LIFE REFERENCE	1	2	0	2	0.00	0.00
1	SHIPPING	1	1	0	1	12.00	12.00
1982-61	ACETAMINOPHEN TAB 325MG 100UD 100UD	1	1	1	0	3.27	0.00
0720-01	BETA ACET-SOD PHOS 400/30.95 5ML	101800	12	0	12	33.95	407.40
3132-71	M'PRED 80MG/1ML 960/8.49 1ML	BG7398	400	0	400	6.49	2596.00

ORDERED BY SANDY WITH RACHEL

YOUR BACK ORDER WILL SHIP FRIDAY

PRICING PER JEFF/ ONE TIME ONLY  
REGULAR PRICING UNTIL SHORTAGE IS OVERTHANK YOU FOR YOUR ORDER - MUST REPORT ALL  
SHIPMENT DISCREPANCIES WITHIN 72 HOURS OF  
RECEIPT. RETURNS SUBJECT TO 25% RESTOCK FEE.

6/23/11

This invoice replaces previous invoice on m'pred 80mg/ml -  
This has correct pricing of \$6.49 - other invoice \$8.95

Credit - #984<sup>00</sup> check issued 6/31/11  
give

8/19/11 spoke to Clint - (he called me)  
stated we could order  
2000 Mials @ 7.49 or 7.95 -  
stated - national shortage -  
told him we were OK @ moment  
+ did not wish to order -  
asked him to issue Marlese  
the credit = \$980<sup>00</sup>

We appreciate your business.

Tenn

Tax Payer ID# 62-1322467

CAUTION: FEDERAL LAW PROHIBITS  
DISPENSING WITHOUT A PRESCRIPTIONDelinquent accounts past due 20 days subject to a 1.5% interest  
charge per month on balance. Accounts turned over for collection  
are responsible for legal fees.

3015.40

STOPNC\_0163

25



# Prescription Order Form

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: -8-12-11

NAME OF ST. THOMAS OUTPATIENT & NEUROSURGICAL CENTER  
FACILITY: \_\_\_\_\_

PHONE NUMBER: 615-241-3425

ADDRESS: 1230 Harding Rd Suite 901 Nashville, TN  
CONTACT NAME: Debra Schenberg  
P.O. #: 30-061011

**We must have Facility name & address to process your prescription order – Thank you.**

[illegible]

Physician's Name/Signature: John Culcasure, MD

DEA Number: BC 2226909

**For NECC Use Only**

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

V102309

26

STOPNC\_0081





# Prescription Order Form

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
**FAX 888.820.0583 or 508.820.1616**

DATE: 9-23-2011

NAME OF St. Thomas Outpatient + Neurosurgical Center  
FACILITY:

PHONE NUMBER: 615-241-3425

ADDRESS: 1230 Harding Rd Suite 901 Nashville, TN  
CONTACT

P.O. #: SC061011

**We must have Facility name & address to process your prescription order - Thank you.**

[illegible]

Physician's Name/Signature: John Culclasure, MD

DEA Number: BC 2226909

**For NECC Use Only**

**Verification: Institutional Agent:**

**NECC Agent:**

Date: \_\_\_\_\_

**Time:**

V102309

REDACTED

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 1-17-12

NAME OF

NAME OF FACILITY: St Thomas Outpatient Neurosurgical Ctr  
PHONE NUMBER:

PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Harding Rd, Suite #901 CONTACT NAME: Debra Schamberg P.O.#: SC 1-17-12  
Nash TN 37205 We must have Facility name & address to process your prescription order - Thank you.

**We must have Facility name & address to process your prescription order – Thank you.**

[illegible]

Physician's Name/Signature: John W Caldwell

DEA Number: AC 222 6909

For NECC Use Only

**Verification:** Institutional Agent:

NECC Agent:

QB:

Date:

Time:

V102309



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 1-24-12

NAME OF

NAME OF FACILITY: St Thomas Outpatient Neurosurgical PHONE NUMBER: 415

$$A + B$$

PHONE NUMBER: No. 515-1000

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schenberg P.O.#: SC 1-24-12  
Nash TR 37205 We must have Facility name & address to process your prescription order - Thank you.

**We must have Facility name & address to process your prescription order – Thank you.**

[illegible]

Physician's Name/Signature: John W Culclasure MD

DEA Number: AC 2226909

**For NECC Use Only**

**Verification: Institutional Agent:**

**NECC Agent:**

QB:

Date: \_\_\_\_\_

**Time:**

V7102309

REDACTED

REDACTED



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 2-14-12

NAME OF FACILITY: St. Thomas Outpatient Neurosurgical PHONE NUMBER: 615-341-3425 <sup>CH</sup>

NAME OF FACILITY: St. Thomas Outpatient Neurosurgical PHONE NUMBER: 615-341-3425  
ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O. #: SC-2-14-12  
Nash TN 37205 We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Culcavage MD

**For NECC Use Only**

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_ QB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vr102309

**STOPNC 0076**



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 2-28-12

NAME OF

FACILITY: St Thomas Outpatient Neurosurgical <sup>CLV</sup> PHONE NUMBER: 615-341-3425

BER: 615-341-3425

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O. #: SC 3-28-12  
Nash Tn 37205 We must have Facility name & address to process your prescription order - Thank you.

Rd Suite 901 CONTACT NAME: Debra Schamberger  
We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Culclasure MD

DEA Number: BC 222 6909

**For NECC Use Only**

**Verification:** Institutional Agent:

**NIICC Agent:**

QB:

Time:

Vr102309

34

**STOPNC\_0075**



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 3-16-17

NAME OF

NAME OF FACILITY: St. Thomas Outpatient Neurosurgical <sup>CLV</sup> PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Sehamberg P.O.#: SC 3-16-12-  
Nash Tn 37205 We must have Facility name & address to process your prescription order - Thank you.

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Sehamberg P.O.#: SC 3-16-12-  
Nash Tn 37205 We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Caldasura MD

**For NECC Use Only**

Verification: Institutional Agent:

NECC Agent:

QB:-

Date:

Time:

V7102309

STOPNC\_0074



REDACTED

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

NAME OF

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O.#: SC4-3-12  
Nash TN 37205 We must have Facility name & address to process your prescription order - Thank you.

[illegible]

DEA Number: BC 222 6909

**Verification: Institutional Agent:**

NECC Agent:

QB:

Date: \_\_\_\_\_

Time:

V'102309

**STOPNC 0073**

## St. Thomas Outpatient Neurosurgery Center

### FACSIMILE TRANSMITTAL SHEET

TO: Necc FROM: St Thomas Outpatient Neuro Ctr  
FAX: 615-341-3427  
DIRECT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ DATE: 4-9-12  
FAX NUMBER: 888-820-0583 TOTAL NO. OF PAGES INCLUDING  
COVER: 2  
PHONE NUMBER: \_\_\_\_\_ SENDER'S REFERENCE NUMBER: \_\_\_\_\_  
RE: \_\_\_\_\_ YOUR REFERENCE NUMBER: \_\_\_\_\_

prescription order.  
Please ship today if possible

#### Confidentiality Notice

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697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
**FAX 888.820.0583 or 508.820.1616**

DATE: 4-9-12

NAME OF

NAME OF  
FACILITY: St. Thomas Outpatient Neurosurgical PH<sup>CLV</sup>

PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O. #: SC 4-9-12-  
Nashville 37205 We must have Facility name & address to process your prescription order - Thank you.

Rd Swite 901 CONTACT NAME: Debra Schamberg  
We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Culclasure MD

DEA Number: BC 222 6909

**For NECC Use Only**

**Verification:** Institutional Agent:

NECC Agent:

QB:

Date:

**Time:**

V102309

# St. Thomas Outpatient Neurosurgery Center

## FACSIMILE TRANSMITTAL SHEET

TO:	FROM: St. Thomas Outpatient Neuro Ctr
Wccc	FAX: 615-341-3427
	DIRECT:
COMPANY:	DATE: 4-24-12
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
888-820-0583	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
prescription order	

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697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 4-24-12

NAME OF

NAME OF FACILITY: St. Thomas Outpatient Neurosurgical CLY PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Warding Rd Suite 901 CONTACT NAME: Debra Seaberg P.O. #: SC 4-24-12--  
Nash Tn 37205 We must have Facility name & address to process your prescription order - *Thank you.*

**We must have Facility name & address to process your prescription order – Thank you.**

[illegible]

Physician's Name/Signature: John Culclasure MD

DEA Number: BC 222 6909

**For NECC Use Only**

Verification: Institutional Agent:

**NECC Agent:**

QB:

Date: \_\_\_\_\_

Time:

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STOPNC\_00070





# Prescription Order Form

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 5-7-12

NAME OF

NAME OF FACILITY: St Thomas Outpatient Neurosurgical <sup>CLV</sup> PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O. #: SC 5-7-12-  
Nash Tn 37205 We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Culclasure MD

**For NECC Use Only**

**Verification: Institutional Agent:**

NECC Agent:

QB:

Date:

**Time:**

Y\*102309

**STOPNC\_0067**

# St. Thomas Outpatient Neurosurgery Center

## FACSIMILE TRANSMITTAL SHEET

TO:	FROM: St. Thomas Outpatient Neuro Ctr
Wccc	FAX: 615-341 3427
	DIRECT:
COMPANY:	DATE:
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
888-820-0583	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

prescription order

Please ship today if possible

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REDACTED



REDACTED



# Prescription Order Form

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 6-1-12

NAME OF

NAME OF FACILITY: St Thomas Outpatient New Orleans <sup>CLV</sup> PHONE NUMBER: 615-341-3125

ADDRESS: 4230 Harding Rd #901  
Nash TN 37205

P.O. #: SC-6-1-12

[illegible]

Physician's Name/Signature: John Cielak, MD

DEA Number: BC 222-6909

**For NECC Use Only**

**Verification: Institutional Agent:**

NECC Agent:

QB:

Date:

**Time:**

605201.1

46

STOPNC\_0066



R242 -LIST DAILY CHRT PULL (5)

ST THOMAS OF NEUROLOGICAL CENTER LLC

PAGE 1

CENT #	PATIENT NAME	PROVIDER	LOC	TIME	REASON	ADDRESS	INIT
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	7.00	L-ESI 1 OF 3 W/JWC	[REDACTED]	ddh
[REDACTED]	[REDACTED]	B SAINT THOMAS	66	7.30	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	V SAINT THOMAS	66	7.30	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	7.45	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	8.00	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	8.00	L-ESI 2 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	R SAINT THOMAS	66	8.15	3 OF 3 L-ESI W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	8.30	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	8.30	L-ESI 2ND INJ W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	F SAINT THOMAS	66	8.45	L-ESI 2 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	9.00	DIAG LUMB FACET BLK #2 W/J	[REDACTED]	DDH
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	9.00	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	9.30	L-ESI 2 OF 2 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	9.30	L-ESI 2 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	G SAINT THOMAS	66	9.45	L-ESI 2 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	9.45	3 OF 3 T-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	N SAINT THOMAS	66	10.00	DIAG CERV FACET BLK #1 W/J	[REDACTED]	DDH
[REDACTED]	[REDACTED]	K SAINT THOMAS	66	10.00	C-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	S SAINT THOMAS	66	10.30	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	D SAINT THOMAS	66	10.30	L-ESI 1 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	10.45	L-ESI 2 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	N SAINT THOMAS	66	10.45	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	SAINT THOMAS	66	11.00	C-ESI X 1 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	A SAINT THOMAS	66	11.30	L-ESI 1 OF 1 REPEAT W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	R SAINT THOMAS	66	12.30p	L-ESI 2 OF 3 W/ASA	[REDACTED]	DDH
SC06912	MOUSE	MICKEY	M SAINT THOMAS	66	12.30p NP/CONSULT	[REDACTED] W/ 4324 NEWBY DR	BLD

STOPNC\_0060

47



R242 -LIST DAILY CHRT PULL (5)

ST THOMAS OF NEUROLOGICAL CENTER LLC

PAGE 2

CENT #	PATIENT NAME	PROVIDER	LOC	TIME	REASON	ADDRESS	INIT
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	12.45p	2 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	1.00p	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	M SAINT THOMAS	66	1.15p	L-ESI 2 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	1.45p	C-ESI 2 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	1.45p	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	2.00p	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	2.00p	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	2.30p	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	G SAINT THOMAS	66	2.30p	L-ESI REPEAT X 1 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	2.45p	L-ESI 2 OF 2 W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	B SAINT THOMAS	66	3.00p	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	3.30p	3 OF 3 L-ESI W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	W SAINT THOMAS	66	3.30p	L-ESI 3 OF 3 W/RR	[REDACTED]	DDH

STOPNC\_0061

48



R242 -LIST DAILY CHRT PULL (5)

ST THOMAS OP NEUROLOGICAL CENTER LLC

USER - sld015

PAGE 1

ENT #	PATIENT NAME	PROVIDER	LOC	TIME	REASON	ADDRESS	INIT
[REDACTED]	[REDACTED]	P SAINT THOMAS					BLD
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	7.30	L-ESI 1 OF 1 W/ASA	[REDACTED]	BLD
[REDACTED]	[REDACTED]	SAINT THOMAS	66	7.45	L-ESI 2 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	B SAINT THOMAS	66	8.00	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	8.15	2 OF 3 L-ESI W/JWC	[REDACTED]	sld
[REDACTED]	[REDACTED]	P SAINT THOMAS	66	8.30	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	8.30	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	9.00	L-ESI 1 OF 2 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	9.00	T-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	9.30	L-ESI 2 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	R SAINT THOMAS	66	9.30	3 OF 3 L-ESI W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	K SAINT THOMAS	66	9.45	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	9.45	L-ESI REPEAT X 1 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	10.00	L-ESI 1 OF 1 LEFT L5-S1 W/	[REDACTED]	BLD
[REDACTED]	[REDACTED]	S SAINT THOMAS	66	10.00	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	10.30	3 OF 3 L-ESI W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	R SAINT THOMAS	66	10.30	3 OF 3 L-ESI W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	D SAINT THOMAS	66	10.45	L-ESI 2 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	10.45	L-ESI 3 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	11.00	L-ESI 1 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	P SAINT THOMAS	66	11.00	L-ESI 1 OF 2 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	11.30	3 OF 3 L-ESI W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	R SAINT THOMAS	66	12.30p	3 OF 3 L-ESI W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	M SAINT THOMAS					BLD
[REDACTED]	[REDACTED]	SAINT THOMAS	66	1.00p	RT SI JOINT X 1 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	1.15p	L-ESI 2 OF 3 W/JWC	[REDACTED]	ddh

STOPNC\_0062

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R242 -LIST DAILY CHRT PULL (5)

ST THOMAS OF NEUROLOGICAL CENTER LLC

USER - sld015

CHART LIST FOR APP'TS ON \*\* 6/26/12 \*\*

DATE 6/26/12

TIME 08:50

PAGE 2

ENT #	PATIENT NAME	PROVIDER	LOC	TIME	REASON	ADDRESS	INIT
[REDACTED]	[REDACTED]	M SAINT THOMAS	66	1.30p	3 OF 3 L-ESI W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	1.30p	L-ESI X 1 REPEAT W/ASA	[REDACTED]	SLD
[REDACTED]	[REDACTED]	B SAINT THOMAS	66	1.45p	L-ESI 2 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	1.45p	L-ESI 2 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	E SAINT THOMAS	66	2.00p	L-ESI 1 OF 3 W/ASA	[REDACTED]	BLD
[REDACTED]	[REDACTED]	M SAINT THOMAS	66	2.00p	CERVICAL FACET BLOCK W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	A SAINT THOMAS	66	2.30p	L-ESI 2 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	N SAINT THOMAS	66	2.30p	L-ESI 1 OF 3 W/ASA	[REDACTED]	DDH
[REDACTED]	[REDACTED]	R SAINT THOMAS	66	2.45p	L-ESI 2 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	3.00p	L-ESI 1 OF 3 W/ASA	[REDACTED]	BLD
[REDACTED]	[REDACTED]	S SAINT THOMAS	66	3.00p	L-ESI X 1 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	3.30p	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	3.30p	L-ESI 1 OF 3 W/ASA	[REDACTED]	BLD
[REDACTED]	[REDACTED]	C SAINT THOMAS	66	4.00p	2 OF 3 L-ESI W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	J SAINT THOMAS	66	4.00p	L-ESI 2 OF 3 W/ASA	[REDACTED]	BLD



R242 -LIST DAILY CHRT PULL (5)

ST THOMAS OP NEUROLOGICAL CENTER LLC

USER - slg015

CHART LIST FOR APP'TS ON \*\* 6/13/12 \*\*

DATE 6/13/12

TIME 08:42

PAGE 1

CENT #	PATIENT NAME	PROVIDER	LOC	TIME	REASON	ADDRESS	INIT
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	7.30	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	8.00	L-ESI X 1 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	8.30	C-ESI X 1 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	A SAINT THOMAS	66	9.00	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	L SAINT THOMAS	66	9.00	L-ESI X 1 W/JWC WORK IN	[REDACTED]	SLD
[REDACTED]	[REDACTED]	SAINT THOMAS	66	9.30	C-ESI X 1 REPEAT W/JWC	[REDACTED]	ddh
[REDACTED]	[REDACTED]	W SAINT THOMAS	66	9.45	L-ESI X 1 REPEAT W/JWC	[REDACTED]	ddh
[REDACTED]	[REDACTED]	B SAINT THOMAS	66	10.00	L-ESI 1 OF 3 L4-5 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	O SAINT THOMAS	66	10.30	L-ESI 2 OF 3 W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	F SAINT THOMAS	66	10.45	L-ESI 2 OF 3 W/JWC	[REDACTED]	ddh
[REDACTED]	[REDACTED]	B SAINT THOMAS	66	11.00	L-ESI 1 OF 3 W/JWC	[REDACTED]	SLD
[REDACTED]	[REDACTED]	P SAINT THOMAS	66	11.30	L-ESI 2 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	M SAINT THOMAS	66	12.30p	3RD L-ESI W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	12.45p	C-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	D SAINT THOMAS	66	1.00p	LUMB FACET BLK #1 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	G SAINT THOMAS	66	1.45p	3 OF 3 L-ESI W/JWC	[REDACTED]	slc
[REDACTED]	[REDACTED]	SAINT THOMAS	66	2.00p	L-ESI 1 OF 3 W/JWC	[REDACTED]	DDH
[REDACTED]	[REDACTED]	SAINT THOMAS	66	2.30p	L-ESI 1 OF 1 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	T SAINT THOMAS	66	3.00p	L-ESI 1 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	SAINT THOMAS	66	3.30p	L-ESI 2 OF 3 W/JWC	[REDACTED]	BLD
[REDACTED]	[REDACTED]	F SAINT THOMAS	66	3.45p	L-ESI REPEAT X 1 W/JWC	[REDACTED]	DDH



# Prescription Order Form

697 Waverly Street, Framingham MA 01702.  
800.994.6322, 508.820.0606.  
**FAX 888.820.0583 or 508.820.1616**

DATE: 6-26-12

NAME OF

red ctr.

NAME OF FACILITY: St-Thomas Outpatient Neurosurgical Ctr.  
PHONE NUMBER: 615-341-3425  
ADDRESS: 4230 Harding Rd #901 CONTACT NAME: Debra Schamberg P.O.#: SC-6-26-12  
Nash TN 37205 We must have Facility name & address to process your prescription order - Thank you.

**We must have Facility name & address to process your prescription order – Thank you.**

[illegible]

Physician's Name/Signature: John Celasura MD

DEA Number: RC 222.6909

**For NECC Use Only**

**Verification:** Institutional Agent:

**NECC Agent:**

QB:-

Date:

**Time:**

V102309

52

STOPNC\_0065



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 7-24-12

NAME OF FACILITY: Sf. Thomas Outpatient Neurosurgical <sup>CLV</sup> PHONE NUMBER: 615-341-3425  
ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schambery P.O.#: SC 17-24-12  
Nashville 37205 We must have Facility name & address to process your prescription order - Thank you.

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O.#: SC 17-24-122  
Nash Tn 37205 We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Culclasure MD

**For NECC Use Only**

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_

QB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

STOPNC 0059

Y102309



REDACTED

~~REDACTED~~



REDACTED

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
**FAX 888.820.0583 or 508.820.1616**

DATE: 8-7-12

NAME OF

NAME OF FACILITY: St Thomas Outpatient Neurosurgical <sup>CLV</sup> PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O.#: SC 8-7-12  
Nash TN 37205 We must have Facility name & address to process your prescription order - Thank you.

We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Culclasure MD

**For NECC Use Only**

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_

QB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

V102309

STOPNC 0058



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

NAME OF: St. Thomas Outpatient Neurosurgical PHONE NUMBER: 615-341-3425  
FACILITY: St. Thomas Outpatient Neurosurgical  
ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberg P.O. #: SC 8-10-12  
Na Sh Tn 37205 We must have Facility name & address to process your prescription order - Thank you.

NAME OF: Dr Thomas Outpatient Neurosurgical PHONE NUMBER: 615-341-3425  
FACILITY: St Thomas Outpatient Neurosurgical  
ADDRESS: 4230 Harding Rd Suite 901 CONTACT NAME: Debra Schamberger  
Nashville 37205 We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: John Caldasura MD

DEA Number: BC 222 6909

**For NECC Use Only**

Verification: Institutional Agent: \_\_\_\_\_ NEGC Agent: \_\_\_\_\_ QB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

STOPNC\_0057



697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
**FAX 888.820.0583 or 508.820.1616**

DATE: 8-31-17

NAME OF

FACILITY: St. Thomas Outpatient Neurosurgical PHONE NUMBER: 615-341-3425

ADDRESS: 4230 Haveling Rd, Suite 901  
Nash Tn 37205  
We must have F

CONTACT NAME: Debra Schambercy P.O.#: SC 8-31-12—  
 ne & address to process your prescription order -- Thank you.

**We must have Facility name & address to process your prescription order -- Thank you.**

[illegible]

Physician's Name/Signature: John Culchase

DEA Number: BC 2226909

**For NECC Use Only**

**Verification:** Institutional Agent:

**NECC Agent:**

QB:

Date:

Time:

V102309

**STOP—0056**